

RENEWAL OF THE COMMUNITY SUPPORTS WAIVER

The major changes proposed with this renewal include:

- ❖ **The addition of Service Coordination as a waiver service.** Currently Service Coordination is provided as a Medicaid State Plan service. Service coordination for waiver participants is targeted to individuals with greater needs.
- ❖ **Increasing the individual cost cap.** The current cost cap is \$10,986 per person/per waiver year. By adding service coordination as a waiver service, the individual cost cap will need to increase to accommodate this anticipated monthly expenditure. The exact amount has not been determined.
- ❖ **Enhancements/revisions to Quality Improvement sections.** The CS waiver contains quality improvement indicators throughout the document. Renewal actions are good opportunities to update quality information to meet the Center for Medicare and Medicaid Services (CMS) requirements.
- ❖ **The deletion of Psychological Services.** The current CS waiver contains a Psychological Services definition but this service is rarely utilized. The State proposes to delete the service since “Individual, Group and Family Therapy” is available under the Medicaid State Plan. CMS advocates the elimination of duplicative services.
- ❖ **Increasing the minimum number of services required.** With the addition of service coordination as a waiver service, the proposal recommends increasing the minimum number of waiver services required each month in order to maintain waiver enrollment. Currently, waiver participants are required to receive at least one (1) waiver service every 30 days. It is anticipated that waiver participants will receive service coordination in addition to at least one (1) other waiver service each month.
- ❖ **The deletion of Specialized Medical Supplies, Equipment, Assistive Technology and Appliances in favor of three (3) discrete services.** Currently, the CS waiver contains a definition for this service. The proposal is to eliminate this bundled service and instead offer PERS, Incontinence Supplies, and Assistive Technology/Appliances as waiver services while Specialized Medical Supplies/Equipment are available under the Medicaid State Plan. Throughout the renewal process the State will have discussions with CMS about the most appropriate way to cover these services.